

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10533364

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1	1	1					51		3				
2		1		1					52		3				
3		2		1					53		3				
4		2		1					54		3				
5		2		1					55		3				
6		3		1					56		3				
7		3		1					57		3				
8		3		1					58		3				
9		3		1					59	1	1				
10		3		1					60		1				
11		3		1					61		1				
12		3		1					62		1				
13		3		1					63		1				
14		3		1					64		1				
15		3		1					65		2				
16		3		1					66	1	1				
17		3		1					67		1				
18		3		1					68		2				
19		3		1					69		1				
20		3		1					70		1				
21		3		1					71		2				
22		3		1					72		3				
23		3		1					73		3				
24		3		1					74						
25		3		1					75						
26		3		1					76						
27		3		1					77						
28		3		1					78						
29		3		1					79						
30		3		1					80						
31		3		1					81						
32	1	1		1					82						
33		1		1					83						
34		2		1					84						
35		2		1					85						
36		2		1					86						
37		2		1					87						
38		2		1					88						
39		2		1					89						
40		2		1					90						
41		2		1					91						
42		2		1					92						
43		2		1					93						
44		2		1					94						
45		2		1					95						
46		2		1					96						
47		2		1					97						
48		2		1					98						
49		2		1					99						
50		2		1					100						
TOTAL IND.		↓	1	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			20						TOTAL CLAIMS						